

WHO and the International Diabetes Federation: regional partners

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It is now well recognized that diabetes is an epidemic disease in most countries that are undergoing socioeconomic transitions. Worldwide, an estimated 150 million people are affected by diabetes and the number is likely to reach at least 300 million by the year 2025 if successful strategies are not implemented for its prevention and control (1). By 2025, approximately 75% of all persons with diabetes will be living in developing countries. Moreover, type 2 diabetes, the most common form, is affecting ever younger age groups, striking young adults and even adolescents.

Diabetes is a chronic disease caused by inherited and/or acquired deficiency in the production of insulin by the pancreas or by ineffectiveness of the insulin thus produced. The result is an increased concentration of glucose in the blood, which in turn leads to damage to many of the body's systems. The commonest complications of diabetes are heart disease, kidney failure, nerve damage, male impotence, and infection. These severe consequences may have a very deleterious effect on the quality of life of an individual with diabetes. However, recent research has demonstrated that these untoward complications may be delayed or even prevented by effective treatment and education (2, 3), providing a strong incentive for national programmes for diabetes prevention and control.

The International Diabetes Federation (IDF) is a nongovernmental organization that has had official relations with WHO for over 40 years. The two organizations' joint global activities are coordinated by an official working group. In 1989, the two organizations began cooperating at the regional level. The first step in this respect was a meeting in St Vincent, in northern Italy, of representatives of national ministries of health, WHO, IDF, the private sector and persons affected by diabetes. This meeting, organized jointly by the WHO Regional Office for Europe and IDF Europe led to the

now well-known St Vincent Declaration for Diabetes Care and Research in Europe (4). This declaration set goals and targets for diabetes control in terms of reducing the disease's major complications, and led to sustained activity in many European countries aimed at improving quality of care for persons with diabetes.

In 1996, the Pan American Health Organization (PAHO), the North American Council, and the South and Central American Council of IDF arranged a joint meeting in Puerto Rico, aimed at fostering in the Americas developments similar to those that resulted in Europe following the St Vincent Declaration. The outcome was the Diabetes Declaration of the Americas (DOTA), a regional strategy for diabetes control and a guide for national programme development (5). Sir George Alleyne, in an editorial in the *Bulletin of the Pan American Health Organization*, issued a challenge to member countries to reduce the projected impact of diabetes through health promotion, preventive medicine, and improved quality of care (6).

On pp. 981–987 of this issue of the *Bulletin*, Dr Franklin White and Dr Debra Nanan examine the extent to which PAHO Member States have responded to this challenge. In a survey of national ministries of health, they found that most countries in the Region of the Americas had appointed a national focal point for diabetes control and had developed organizational partners. Approximately one-half had developed a strategy and had integrated diabetes within the broader framework of noncommunicable disease programmes.

The authors note the value of broadly based participation in gaining recognition at the level of national health policy, the wide acceptance of the integrated model of noncommunicable disease programme development, and the relevance of process-related targets for demonstrating short-term success.

The DOTA survey was an innovative exercise that may serve as a useful model in other regions, such as the Western Pacific, where a similar initiative for diabetes control is currently being established. ■

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